South Dakota Department of Health

Tobacco Control Program Strategic Plan

November 2008

Table of Contents

Overview of Tobacco Use in South Dakota

December 2007

- Tobacco use is the single most preventable cause of death and disease—responsible for the death of more than 1,000 people in this state each year.[1]
- Tobacco use kills more people each year than alcohol, HIV, car crashes, illegal drugs, murders, & suicide ***combined***.[2]
- The adult smoking rate in South Dakota decreased to 20% (2006 BRFSS) from a peak of 27% in 1998.[10]
- In 2007, 56% of high school students[11] and 51% of middle school students reported exposure to secondhand smoke (SHS).[3]
- Tobacco use is responsible for over $1,600 per smoker in excess medical expenditures each year.[4]

The following have been identified as populations with disparate tobacco use in South Dakota.

Youth

Over 80% of adult tobacco users started using tobacco before the age of 18. During the 1990's, smoking among South Dakota youth increased.[5] In 1999, 44% of our high school youth smoked. The latest available data from the Youth Risk Behavior Survey (2007) reports 25% of high school youth are current smokers, down from 28% in the 2005 report.[11,12] In 2007, 11% reported spit tobacco use, which is down from 13% in the 2003 survey.[3] The 2007 Youth Tobacco Survey (YTS) shows that 6% of middle school youth smoke, down slightly from 8.5% in 2005. Spit tobacco use among middle schoolers held steady, with 4% reported using spit tobacco in 2007 and 2005.[3, 13]

Young Adults

Statistics for young adults 18-24 years of age, show smoking increased from 24% in 2005 to 33% in 2006. Spit tobacco use either some days or everyday was reported by 14% of young adult males in 2006, up slightly from 12% in 2005.

Non-ceremonial Tobacco Use by American Indians

The BRFSS data over the past several years shows smoking among American Indians has remained almost unchanged for the past several years. Between 2000-2004, 46% reported being current smokers, and between 2001-2005 and 2002-2006, 47% reported being current smokers.[10]

According to the 2007 Youth Tobacco Survey, 23% of American Indian middle school students were current smokers, down from 30% in 2005.[3, 13] In 2007, 17% of American Indian middle school youth used spit tobacco during the 30 days prior to the survey, the same number who reported using spit tobacco in 2005.[3, 13]

Pregnant Females

Vital Records data from the South Dakota Department of Health showed a slight increase in the overall number of pregnant females that smoked from 2005 to 2006. In 2005, 18% of pregnant females smoked, and in 2006 just over 19% reported smoking during pregnancy.[6]

Medicaid Clients

According to the Centers for Disease Control & Prevention, smoking rates are highest among people with low incomes, and the negative health effects of tobacco use are of major concern for State Medicaid programs. Medicaid recipients have approximately 50% greater smoking prevalence than the overall U.S. population. In 2000, approximately 11.5 million (36%) adult Medicaid recipients smoked cigarettes.[7] According to a 2008 survey of low income clients served by the South Dakota Department of Social Services, 31% are current smokers, down from 36% in 2005.[8,9]

---

[1]Centers for Disease Control and Prevention. *Smoking-Attributable Mortality (South Dakota, 2001).* Retrieved October 2004 from: http://apps.nccd.cdc.gov/sammec/sam_reports.asp?data_element_year=2001&data_element_state=SD&quick_state_pick=Go

[2]Centers for Disease Control and Prevention. (Updated February 2004) *Tobacco Related Mortality Fact Sheet.* Retrieved August 2008, from: http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality.htm

[3]South Dakota Department of Health. *South Dakota 2007 Youth Tobacco Survey.*

[4]Centers for Disease Control and Prevention. *Morbidity and Mortality Weekly Report* 2002; 51(14):300–303. (PDF) Retrieved: August 2008 from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5114a2.htm

[5]South Dakota Department of Education. *South Dakota Youth Risk Behavior Trend Data 1991- 2001.*

[6]South Dakota Department of Health, Vital Records birth certificate data.

[7]Centers for Disease Control and Prevention. *Morbidity and Mortality Weekly Report* 2004; 53 (3): 54-57. (PDF) Retrieved August 2008 from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5303a3.htm

[8]South Dakota Department of Health with data compilation and analysis by the Business Research Bureau and Stuefen Research, LLC. *South Dakota Tobacco Use Study of the Population Served by Social Services*. 2005.

[9]South Dakota Department of Health with data compilation and analysis by the Business Research Bureau and Stuefen Research, LLC. *2008 Tobacco Use Study of the Population Served by Social Services*. 2008.

[10]South Dakota Department of Health, Behavior Risk Factor Surveillance System.

[11]South Dakota Department of Education. *South Dakota Youth Risk Behavior Survey Report: 2005*

[12]South Dakota Department of Education. *South Dakota Youth Risk Behavior Survey Report: 2005*

[13]South Dakota Department of Health. *South Dakota 2007 Youth Tobacco Survey.* -

Introduction

The Department of Health (DOH) is the lead agency for the statewide management of tobacco use prevention and cessation. The South Dakota Tobacco Control Program (TCP) efforts are based on those practices shown to be successful and recommended in *Best Practices for Comprehensive Tobacco Control Programs* compiled by The Centers for Disease Control and Prevention (CDC) and at the local level.

The TCP, along with an advisory committee of diverse individuals with expertise and interest in tobacco prevention, developed this strategic plan, during the spring of 2004, and update the plan annually. The strategies, goals, and objectives reflect evidence-based approaches for reducing the number of people that start using tobacco, reducing the number of people exposed to secondhand smoke, and increasing the number of people that quit using tobacco. While the program goals are intended to address tobacco use for all populations, special emphasis is placed on those populations with disparate tobacco use. The instruments used to determine tobacco-related disparities are listed throughout this plan and in the resource section at the end of the plan.

Members of the advisory committee reviewed information from documents such as *Best Practices for Comprehensive Tobacco Control Programs,* by the Centers for Disease Control and Prevention; *The Guide to Community Preventive Services: Tobacco Use Prevention and Control,* by the Task Force on Community Preventive Services, as well as data collected in the state pertaining to tobacco use.

Guiding Principles

The guiding principles agreed upon by the tobacco prevention advisory committee and listed below form the foundation for tobacco-prevention strategic planning and program implementation in South Dakota. These principles serve as a reference point for decision-making, and are based on the following five component areas of comprehensive tobacco control , recommended by the CDC:

1) State and Community Interventions
2) Health Communication Interventions
3) Cessation Interventions
4) Surveillance and Evaluation
5) Administration and management

- **Best practices, evidence-based strategies**: Provide vigilance regarding the use of evidence-based approaches to assure that intended results are achieved.

- **Sustainability and replication**: Support efforts that can be sustained and replicated, to enhance the ability to expand efforts across the state.

- **Measurement and accountability**: Support measurement and accountability practices that will evaluate impact and outcomes.

- **Conflict of interest**: Assure individuals, organizations and contractors have no conflict of interest regarding funding from or affiliation with the tobacco industry.

- **Population-based, systems approach**: Support, whenever possible, a systems approach to comprehensive tobacco use prevention that is population-based.

- **Collaboration and coordination**: Promote coordination and collaboration of efforts by tobacco prevention advocates.

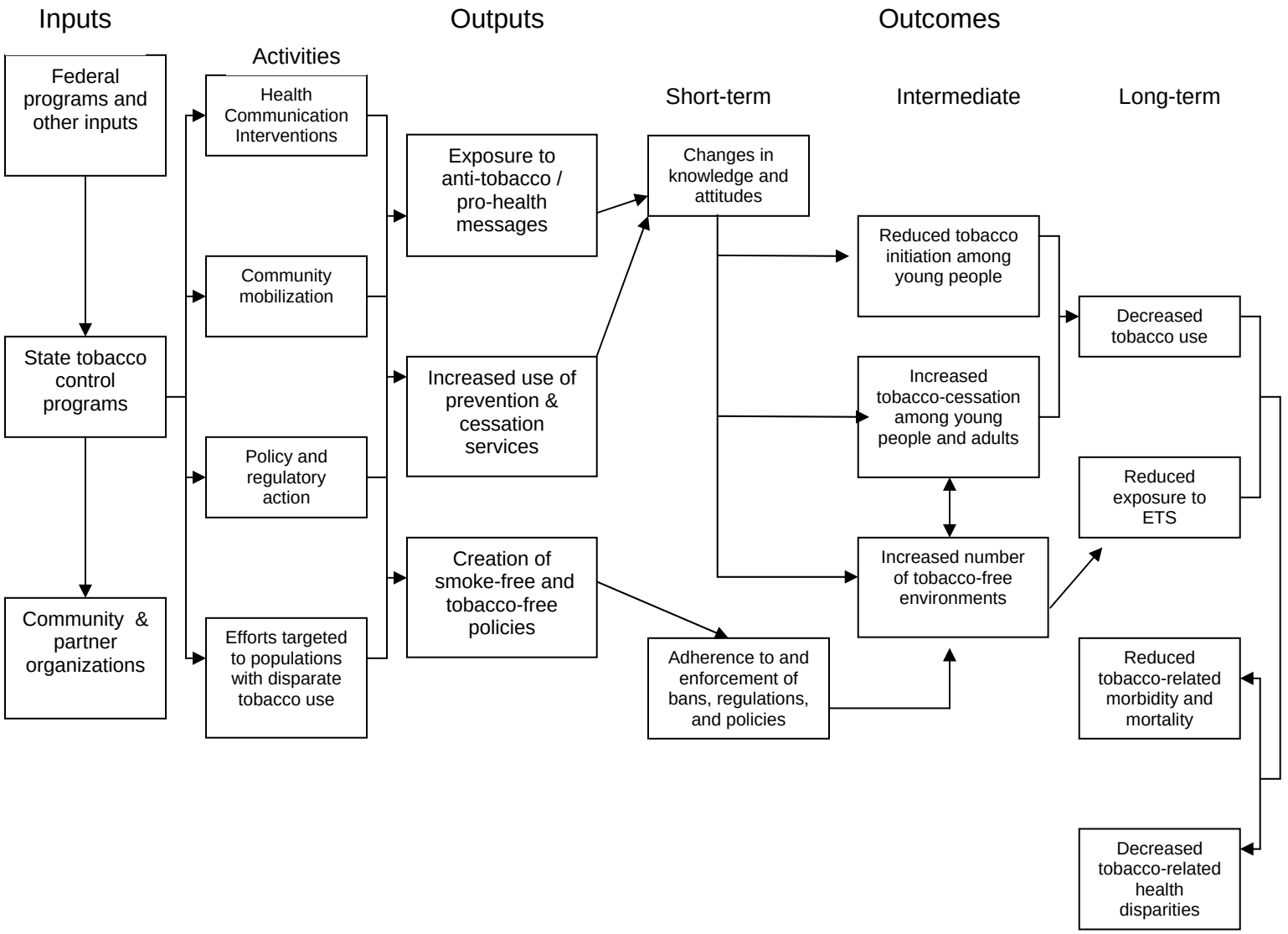
- **Disparate use of tobacco use**: Identify and eliminate disparities related to tobacco use.

Logic Model Rationale

The Centers for Disease Control and Prevention, Office on Smoking and Health (OSH) provides funding and technical assistance to the South Dakota Department of Health to reduce tobacco-related disease and death. In addition, OSH has developed logic models for major goal areas. The models are designed to display the relationship between tobacco prevention resources, activities, and program outcomes. The purpose of the models is to help stakeholders link prevention efforts planned to intended outcomes, and to help ensure that actions taken will result in desired outcomes and goal achievement. Logic models also include "indicators" – specific, measurable characteristics that show the progress being made toward achieving a specific outcome and goal.

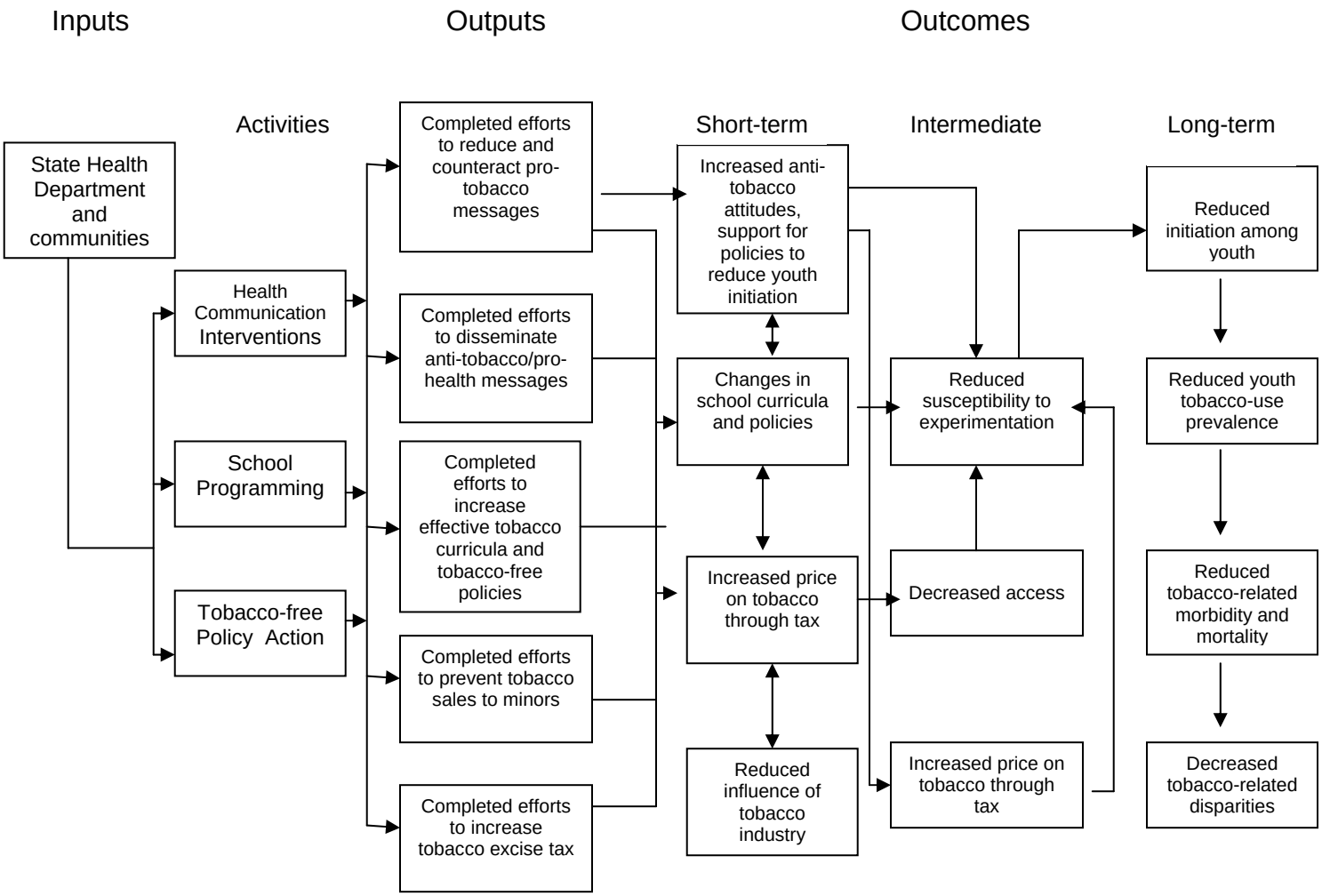
The logic models are included in this plan to visually summarize the actions and goals of the program, as well as identify indicators for progress. Below is an overview model, and preceding each goal area are models specific to each of the major goals for the South Dakota Tobacco Control Program.

TOBACCO-USE PREVENTION AND CONTROL LOGIC MODEL



Goal One:

PREVENTING INITIATION OF TOBACCO USE AMONG YOUNG PEOPLE



Strategies: Increase pro-health knowledge related to tobacco and health communication interventions that discourage tobacco use, and inform communities and educational institutions of effective, evidenced-based prevention endeavors.

Evidence:

Comprehensive tobacco prevention and control programs have been shown to decrease smoking initiation, according to the Centers for Disease Control and Prevention (CDC). Components of effective state programs include paid anti–tobacco television advertisements as part of health communication activities, community–based programs, and policy interventions. There is strong evidence showing state anti–tobacco mass media campaigns, which include paid television advertising, reduce youth smoking. (*The Community Guide for Preventive Service* accessed August, 2008, from: http://www.thecommunityguide.org/tobacco/tobac-int-mass-media.pdf)

Based on this evidence the following objectives and actions are planned to reduce the number of young people that start using tobacco.

Objectives:

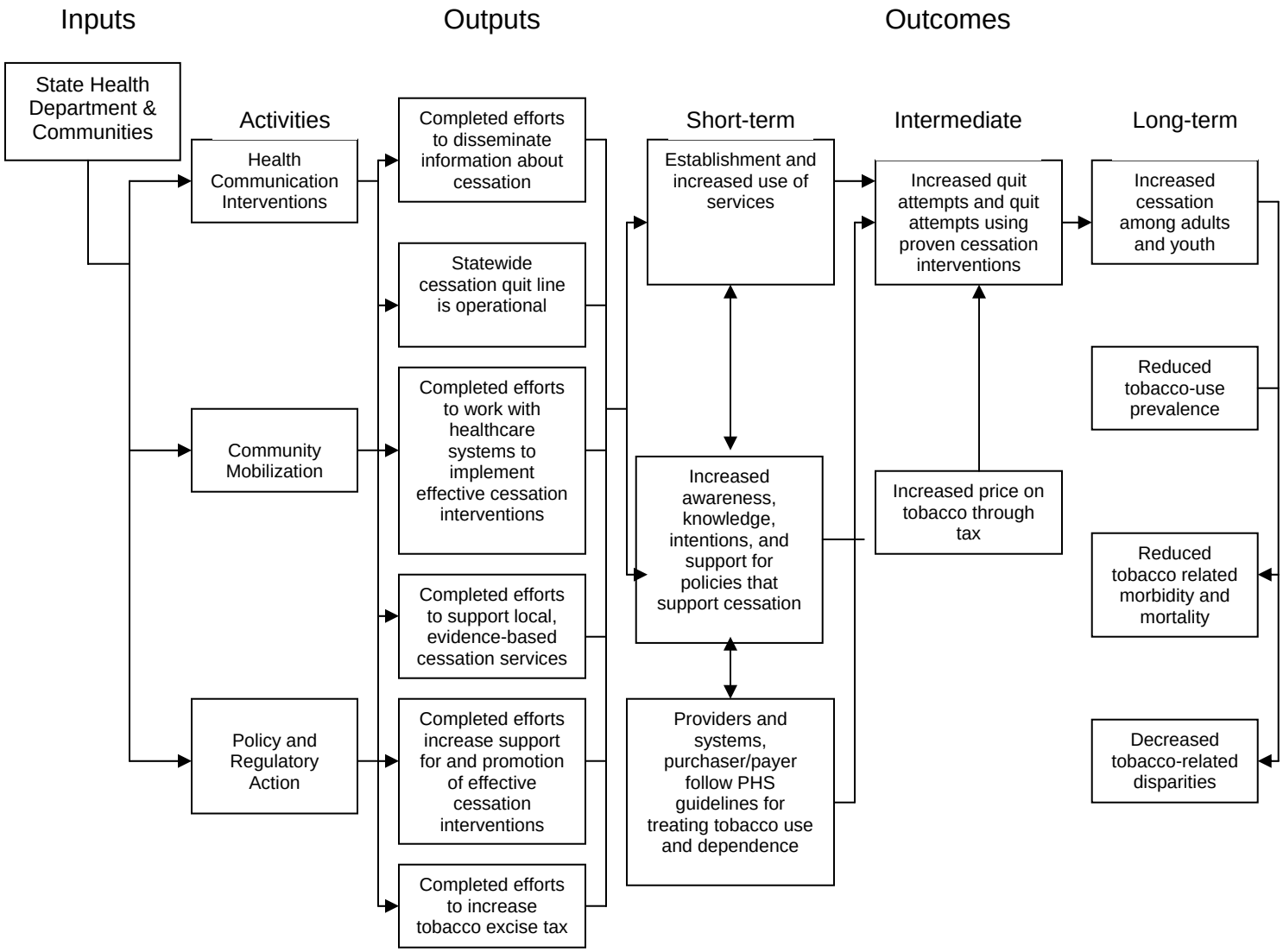
1. By 2013, increase the percentage of middle school students who report seeing/hearing an anti-tobacco message from 68% to 80% (2007 YTS).
2. By 2013, decrease the percentage of middle school boys who report have *ever smoked* cigarettes daily from 5% to 3%, and girls from 6% to 4%, and American Indian youth from 14% to 10%.
3. By 2013, increase the number of middle school students & high students that report receiving anti-tobacco education from 57% and 49% respectively (2007 YTS / 2007 YRBS) to 60% and 55%.
4. By 2013, reduce the number of young people ages 18 -24 who smoke from 33% (2 006 BRFSS) to 23%.

Actions:

1. Encourage and assist school staff, parents, and students to support and adopt a written 100% tobacco-free policy for school campuses and school sponsored activities.
2. Encourage schools to decline contributions offered to school-related organizations and activities that come from organizations that promote the use of tobacco.
3. Support credible training for youth-led tobacco prevention education, such as the American Lung Association's Teens Against Tobacco Use (T.A.T.U.).
4. Assist communities and schools to educate youth about the media aimed at promoting youth and teen use of tobacco.
5. Encourage health care professionals to discourage initiation of tobacco use, with special emphasis on those populations with disparate tobacco use.
6. Conduct public education campaigns that will counter the promotion of tobacco use, and promote pro-health (tobacco-related) messages to youth and young adults
7. Encourage and assist communities and schools to use effective tobacco-prevention curricula, along with other effective prevention strategies in their community.
8. Promote infusion of prevention lessons into existing, core subject areas correlating the lessons to the state core content standards so educators understand these are not "extra" lessons.
9. Share effective prevention strategies for post-secondary campuses with staff and student leadership at post-secondary campuses.
10. Distribute fact sheets on effective, evidenced-based tobacco prevention strategies recommended by the Task Force on Community Preventive Services, and encourage communities to use effective strategies.
11. Provide support and funding to public, private, and tribal schools to implement comprehensive tobacco prevention programs.
12. Collaborate with the Department of Education to develop model tobacco-free policies and provide training for schools statewide.

Goal Two:

PROMOTING TOBACCO CESSATION AMONG ADULTS AND YOUTH



Strategies: Promote evidenced-based tobacco cessation efforts, including but not limited to the statewide, telephone-based quit line, and increase effective cessation advice by health care providers.

Evidence:

Telephone cessation services are effective in increasing tobacco use cessation when combined with other interventions including educational materials and medication. In addition, mass media campaigns are effective in increasing tobacco cessation by adult tobacco users. Clinicians and health care delivery systems can increase the number of people that quit using tobacco, using even brief advice, and systems changes are important in accomplishing this.

Objectives:

1. By 2013, average at least 400 calls per month to the South Dakota Quit Line (QL).
2. By 2013, average at least 30% of QL participants will report hearing about the QL from a health care professional.
3. By 2013, increase from 60% (2006 BRFSS) to 80 % the percentage of adult tobacco users who report being advised by their health care provider to quit.
4. By 2013, reduce the number of pregnant females that smoke from 19.5% to 15%.
5. Increase the number of current smokers aged 18 and older who have quit smoking for at least 1 day from 56.6% (2006 BRFSS) to 60%, by 2013.
6. Increase the number of current smokers, grades 9 -12 who have stopped smoking for at least 1 day from 19% (2007 YRBS) to 25%, by 2013.
7. Reduce the number of adults that currently smoke from 20% (2006 BRFSS) to 17%, by 2013.
8. Reduce the number of American Indian adults that currently smoke from 49% (2003-2007 BRFSS) to 33% by 2013.
9. Reduce the number of adults that currently use spit tobacco everyday or some days from 6% (2006 BRFSS) to 4%, by 2013.
10. Reduce the number of youth grades 9 -12 that currently use spit tobacco from 11% (2007 YRBS) to 7%, by 2013.
11. Reduce the number of middle school youth that currently use spit tobacco, from 4% (2005 YTS) to 2%, by 2013.
12. Reduce the number of youth grades 9 -12 that currently smoke from 25% (2007 YRBS) to 20%, by 2013.
13. Reduce the number of middle school youth that currently smoke from 6% (2007 YTS) to 4%, by 2013.

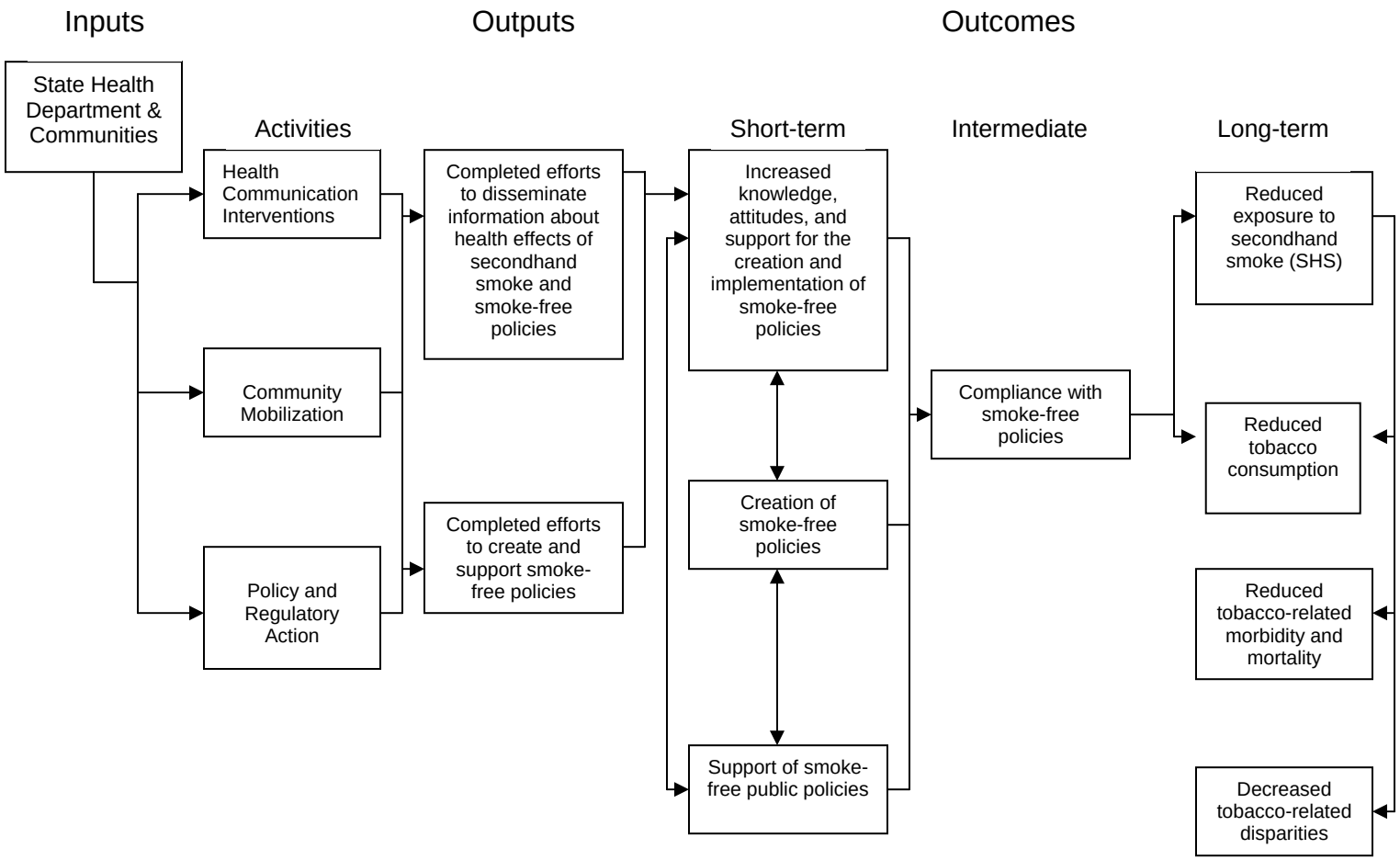
Actions:

1. Promote the statewide Quit Line by providing referral materials to local coalitions, local public health offices, private health care providers, hospitals, and health plans.
2. Provide information about the Public Health Service guidelines for treating tobacco use and dependence to health care providers and organizations.
3. Assist health care organizations to adopt “best practices” service delivery systems that include screening all patients for tobacco use, as well as advice and support to quit at each visit.
4. Encourage health care professionals to discourage initiation of tobacco use and encourage tobacco cessation, with special emphasis on those populations with disparate tobacco use.
5. Encourage schools preparing health educators and health professionals to increase tobacco cessation and prevention education and the use of the Public Health Service guidelines for treating tobacco use and dependence.
6. Assist K-12 schools, after school organizations, and post-secondary institutions with promoting the South Dakota QuitLine and other credible cessation services to youth and those ages 18 – 24.

7. Collaborate with other state agencies, such as Medicaid to promote cost-saving measures such as the QuitLine and providers' cessation advice to clients.
8. Encourage employers to implement tobacco-free policy and promote tobacco cessation.
9. Provide support and funding to public, private, and tribal schools to implement comprehensive tobacco prevention programs.
10. Collaborate with the Department of Education to develop model tobacco-free policies and provide training for schools statewide.

Goal Three:

ELIMINATING NONSMOKERS' EXPOSURE TO SECONDHAND SMOKE



Strategies: Increase awareness of the health and economic costs of exposure to secondhand smoke, benefits of policies to reduce nonsmokers' exposure tobacco smoke, and increase support for policies that create tobacco-free environments.

Evidence:

Secondhand smoke in restaurants is higher than offices, and levels in bars are much greater than either restaurants or offices. Morbidity and mortality due to secondhand smoke is well documented. Increasing awareness of the health and economic effects of exposure to secondhand smoke is the first step to increasing smoke-free policies, which is a strategy with strong evidence of reducing non-smokers' exposure to this toxin.

Objectives:

1. By 2013, reduce the number of youth grades 9 -12 that were in the same room or car as someone smoking, from 56% to 50%. (2007 YRBS)
2. By 2013, reduce the number of youth grades 6 - 8 that were in the same room or car as someone smoking, from 51% to 45%. (2007 YTS)
3. By 2013, increase the number of adults that report smoking is not allowed in any work areas from 85% to 87%. (2006 BRFSS).

Actions:

1. Provide public education regarding the health and economic effects of exposure to SHS to parents, business owners, policy makers, and the general public.
2. Encourage health care professionals to explain the health effects of SHS to all patients, with special emphasis on those populations with disparate tobacco use.
3. Provide public education regarding the benefits of and support for tobacco-free policies.
4. Provide materials to support implementation of tobacco-free polices.
5. Promote tobacco-free places to live, work, and play in South Dakota.

Linkages to Chronic Disease Programs

In the South Dakota Department of Health, the Tobacco Control Program is located in the Office of Health Promotion, along with the Cancer Registry, Breast & Cervical Cancer Control & Screening programs, Coordinated School Health, Diabetes Control, and Oral Health programs.

Because these programs are within the same office and report to the same administrator, programs work closely together. This increases the ability for coordinated efforts and exchange of information. Numerous projects are conducted across program lines. For example, in the *All Women Count!* - Breast & Cervical Cancer Control & Screening programs, staff worked together to include the Public Health Service (PHS) Guidelines for Treating Tobacco Use and Dependence as part of the service delivery algorithm. Training has been provided to over 150 health care provider facilities across the state, and referral materials for the South Dakota Quit Line are continually distributed. Staff work together to encourage systems changes to ensure consistent support for tobacco cessation in healthcare facilities across the state. More details of linkages with chronic disease programs can be found the program's annual report, online at: http://doh.sd.gov/tobacco/PDF/fy08tobaccocontrolreport.pdf.

In addition to working closely with the programs mentioned, the Tobacco Control Program also coordinates efforts with other programs in the Department of Health and other agencies serving people with chronic disease. Some examples are Aberdeen Area Tribal Chairmen's Health Board, the Departments of Social Services, Human Services, Education, and programs such as Maternal Child Health and Community Health Services.

Strategic Plan Resources

The following resources were used to develop and update this strategic plan.

South Dakota Youth Tobacco Survey / The South Dakota Youth Risk Behavior Survey - Paper and pencil surveys of randomly selected middle and high school students in South Dakota, conducted in odd-numbered years. The Youth Tobacco Survey will assess middle school youth while the Youth Risk Behavior Survey will assess high school students.

South Dakota Adult Tobacco Survey/The Health Behaviors of South Dakotans -Telephone surveys of randomly selected adults over the age of 18. The Health Behaviors of South Dakotans report is derived from the Behavior Risk Factor Surveillance System data conducted annually. The Adult Tobacco Survey was conducted in 2002 and 2004 in South Dakota.

The South Dakota Department of Health, Office of Data, Statistics & Vital Records - Data provided by this office includes smoking during pregnancy information collected on birth certificates; collected annually.

South Dakota Tobacco Use Study of the Population Served by Social Services – Paper and pencil survey conducted in 2005 with a response from over 9,000 low income clients served by the South Dakota Department of Social Services. Data compilation and analysis by the USD Business Research Bureau and Stuefen Research, LLC.